

Congressional Office
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Washington, DC 20515
Office: 202.225.2006
FAX: 202.225.3392

Representative Cathy McMorris
Member of Congress
5th Congressional District ♦ Washington State

Colville District Office
555 South Main Street, Ste C
Colville, WA 99114
Office: 509.684.3481
FAX: 509.684.3482

Spokane District Office
10 North Post Street, Ste 625
Spokane, WA 99201
Office: 509.353.2374
FAX: 509.353.2412



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Walla Walla District Office
29 South Palouse Street
Walla Walla, WA 99362
Office: 509.529.9358
FAX: 509.529.9379

APPLICATION FOR NOMINATION TO MILITARY ACADEMY

Please designate academy, or if you are applying for more than one academy, indicating first choice, second choice, third choice:

Air Force Academy _____ West Point Military Academy _____
Naval Academy _____ Merchant Marine Academy _____

Receipt of this application is not to be considered as a commitment that the applicant will be nominated. This office receives many more applications than it has openings. This form is intended to aid in making selections and to make available at all times a record of all interested young persons.

First, Middle, Last Name: _____

Permanent Home Address: _____
Street or RFD City Zip Code

Home Telephone: (____) _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Present Age: ____

Uncorrected Visual Acuity: _____

Names of Both Parents or Guardians: _____ / _____

Prep or High School: _____

School Telephone Number: (____) _____

Counselor: _____ Date of Graduation: ____ / ____ / ____

College, if Attending: _____

Extra-Curricular Activities: _____

Athletic Activities: _____

Honors Received: _____

Work Experience: _____

Check One and Complete:
____ I have taken the following test on the dates indicated: SAT _____ ACT _____
____ I have not taken the required tests, but plan to take: SAT / ACT on _____ _____

I am also seeking nomination through: _____

(Senator, Congressman, Vice-President, etc.)

PLEASE READ BEFORE SIGNING:

I CERTIFY THAT I AM A LEGAL RESIDENT OF THE FIFTH DISTRICT OF WASHINGTON. IF I HAVE NOT SUBMITTED ALL NECESSARY DATA BY THE DEADLINE, I UNDERSTAND THAT I WILL NOT BE GIVEN CONSIDERATION FOR A NOMINATION.

DATE: _____ SIGNATURE: _____

It will be necessary for you to furnish to this office the following information:

1. This application completely filled out and returned.
2. A transcript of your high school academic record. Please include your class rank, number in graduating class, and your grade point average.
3. ACT or SAT scores at the earliest possible date.
4. Two letters of recommendation. These may be from teachers, employers, or other persons who are well acquainted with you.
5. Your own letter explaining why you regard yourself as a good candidate for an academy appointment.

RETURN COMPLETED APPLICATION TO:
Congresswoman Cathy McMorris, 10 N. Post Ste 625, Spokane, Washington 99201